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DOCUMENT(S) FAXED: (MARKED WITH X) 12 PAGES ATTACHED

Re Applic of	Ravikumar Ramachandran et al.
Docket No.	FIS9-2004-0102US1
Serial No.	10/710,257
Filing Date	June 29, 2004
Attorney	Kerry Goodwin

Document(s) Attached: AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY,  
REQUEST FOR CONTINUED EXAMINATION, AMENDMENT, AMENDMENT TRANSMITTAL

## PLEASE DELIVER TO:

EXAMINER:

ART UNIT: 2822

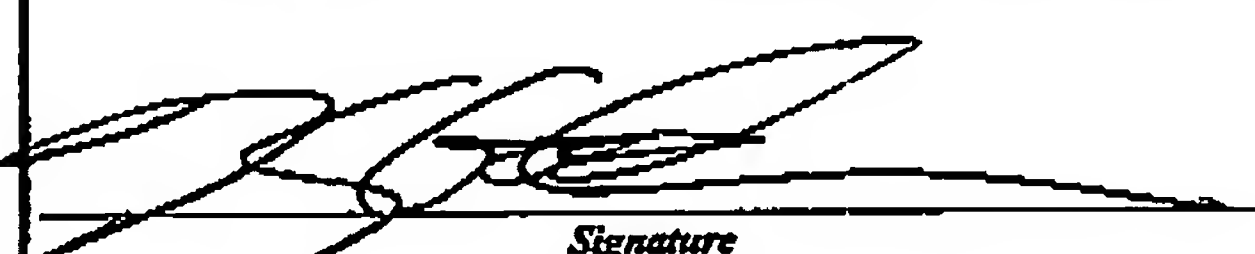

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Hopewell Junction  
New York 12533-6531  
Fax: 845-892-6363  
Phone: 845-894-3338

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FIS920040102US1</b>	
Applicant(s): Ravikumar Ramachandran et al.					
Application No. <b>10/710,257</b>	Filing Date <b>June 29, 2004</b>	Examiner <b>Khanh B. Duong</b>	Customer No. <b>32,074</b>	Group Art Unit <b>2822</b>	Confirmation No. <b>4256</b>
Invention: <b>METHOD OF FORMING SIDEWELL SPACER USING PLASMA ENHANCED CVD</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	<b>10</b>	<b>20</b>	<b>0</b>	x \$50.00	\$0.00
<b>INDEP. CLAIMS</b>	<b>2</b>	<b>4</b>	<b>0</b>	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: May 26, 2006		
Kerry Goodwin Reg. No.: 48,955 Telephone No.: 845-892-9645			<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b>  I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below:  Date of Transmission: <u>5/26/06</u> Name of person making transmission: Amy Barger Signature: 		
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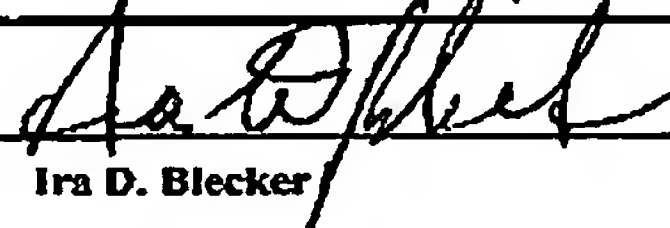
**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**In re Application of: **Ravikumar Ramachandran et al.**Application No.  
**10/710,257**Filed: **June 29, 2004**Title:  
**METHOD OF FORMING SIDEWELL SPACER USING PLASMA ENHANCED CVD**Attorney Docket No.  
**FIS920040102US1**Art. Unit:  
**2822**

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
<b>KERRY GOODWIN</b>	<b>48,955</b>

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Signature		Date	<b>May 26, 2006</b>
Name	<b>Ira D. Blecker</b>	Registration No., if applicable	<b>29,894</b>
Telephone	<b>845-894-2580</b>		

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